

| CLAIMS ONLY | | | | | | | Application Number <i>10/662071</i> | Filing Date |
|------------------|----------|--------|-----------------------|--------|------------------------|--------|---|-------------|
| <i>Multiples</i> | | | | | | | Applicant(s) | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * May be used for additional claims or amendments | |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total Indep | | | | | 1 | | Total Indep | |
| Total Depend | | | | | 11 | | Total Depend | |
| Total Claims | | | | | 12 | | Total Claims | |